

Clinical Specialist Referral Introduction

[Your Name]

[Your Title/Position]

[Your Institution/Practice Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Referral Recipient's Name]

[Recipient's Title/Position]

[Recipient's Institution/Practice Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Dear [Referral Recipient's Name],

I hope this letter finds you well. I am writing to refer my patient, [Patient's Name], born on [Patient's Date of Birth], for further evaluation and management of [specific condition or concern].

[Provide a brief summary of the patient's medical history, symptoms, and any relevant test results. Include reason for referral and any specific questions or tests you would like the specialist to consider.]

I believe that your expertise in [specialist's area of expertise] will greatly benefit [Patient's Name] in managing their condition. Please find attached the relevant medical records and test results for your review.

Thank you for your attention to this referral. I look forward to your evaluation and recommendations for the patient's ongoing care. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any further information.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]

[Your Title/Position]

[Your Institution/Practice Name]